

4297

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 9 Yrs. 9 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Glendale		C. CITY OR TOWN Phoenix			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Culver Rest Home		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2933 E. Granada			
3. NAME OF DECEASED (TYPE OR PRINT) Dora		B. (MIDDLE) Bell	C. (LAST) Porter	4. SEX F	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE Charles M. Porter		7. DATE OF BIRTH MONTH DAY YEAR Jan 6 1884	8. AGE (IN YEARS LAST BIRTHDAY) 71	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY -----		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----		13. SOCIAL SECURITY NO. -----
14A. FATHER'S NAME Henry Thorne		14B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Wm. Porter Son		ADDRESS 2122 N 51st St Phoenix Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 2 1955		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Cerebral Vascular Accident</u> DUE TO (B) <u>Arteriosclerosis</u> DUE TO (C) _____					1 year
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 1</u> , 19 <u>55</u> , TO <u>July 2</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>June 27</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>10:20 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <u>Dr. Bruce D. Hart M.D.</u>		22B. ADDRESS <u>Phoenix, Arizona</u>		22C. DATE SIGNED <u>7/6/55</u>		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 7-5-55		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 7-6-55		26B. REGISTRAR'S SIGNATURE <u>Thomas H. Spurlock</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin S. Holmes</u>		27B. ADDRESS Phoenix, Arizona